HDL Cholesterol Information Form

The following information form should be completed carefully and accurately. This information will be used to prepare your Certificate of Traceability.

- Please photocopy this blank form and retain it for future submissions.
- Please prepare a copy of your data and retain it for laboratory records.

For registered products, please indicate preferred designation: Registered Trademark ® or Trademark ™.

Laboratory	Name
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Laboratory Address

Contact Name Phone
Email Address Fax

Send Bill To (If different from above.)

PO Number

Date Specimens Sent Date Specimens Received Comparision Date

Instrument	Reagent	
Manufacturer	Manufacturer	
Trade Name	Trade Name	
Model Number	Lot Number(s)	
Separation Method	Calibrator	
Separation Method	Manufacturer	
Precipitation Method	Trade Name	
Manufacturer	Lot Number(s)	
Trade Name	Calibrator Set Point(s)	
Lot Number	Matrix/Sample Type	
Homogeneous Method	Matrix/Sample Type	
Homogeneous Method	Anticoagulant (If Applicable)	
Principle	Concentration	

CRMLN Laboratory: Complete this section and send the form to Mahnaz Dasti at CDC.

Fax: (770) 488-4192, Email: mdasti@cdc.gov

CRMLN Laboratory Name

Date of Data Analysis Date Report Received Date Certificate Sent

Director's Signature Check One: Passed Failed

HDL Cholesterol Fresh Sample Comparison Results Form

Please photocopy this blank form and retain it for future comparisons.

Run #1	Date	
ID Number	Result #1	Result #2
Run #3	Date	
ID Number	Result #1	Result #2
Run #5	Date	
ID Number	Result #1	Result #2

Run #2	Date	
ID Number	Result #1	Result #2
15 I Vallibel	r coult ii i	result #2
Due 44	Doto	
Run #4	Date	D ""
ID Number	Result #1	Result #2
Run #6	Date	
ID Number	Result #1	Result #2

Questions about this protocol should be directed to the CRMLN Laboratory.

HDL Cholesterol Specimen Distribution Form

The following chart is supplied to assist you (or the off-site laboratory which supplies you with sera) in selecting specimens that will adequately cover the concentration ranges recommended by this protocol. [This form is provided as an aid; it is not necessary to return it to the CRMLN laboratory.]

Please photocopy this blank form and retain it for future comparisons.

HDL Cholesterol Specimen Distribution

Concentration (mg/dL)	20-29	30-39	40-49	50-59	60-69
Number Needed	(5)	(5)	(5)	(5)	(5)
	1.	1.	1.	1.	1.
	2.	2.	2.	2.	2.
	3.	3.	3.	3.	3.
	4.	4.	4.	4.	4.
	5.	5.	5.	5.	5.
	6.	6.	6.	6.	6.
	7.	7.	7.	7.	7.
	8.	8.	8.	8.	8.
	9.	9.	9.	9.	9.
	10.	10.	10.	10.	10.

Quality Control Results Form for HDL Cholesterol

Report single analyses of any quality control material with a HDL cholesterol concentration of 30 - 60 mg/dL (recommended). Data must be obtained with the analytical system under evaluation and must include the runs used in the split sample comparison.

Please photocopy this blank form and retain it for future comparisons.

Run Number	Date	Result
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17	-	
18		
19		
20		